SLP-035

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Number

**DECLARATION FOR UTILITY OR** 

Attorney Docket

DESIGN PATENT APPLICATION			First Name	d Inventor	Solome	on, Lawrence	
			COMPLETE IF KNOWN				
(37 CF	R 1.63)		Application Number				
Declaration	Declarati		Filing Date		August	23, 2006	
Submitted OR With Initial	Filing (s	3 di Gilaige	Art Unit	A			
Filing	(37 CFR 1.16 (e)) required)		Examiner Name				
I hereby declare that:							
Each inventor's residence, ma	iling address, a	and citizenship are a	as stated be	elow next to	their nam	e.	
I believe the inventor(s) named which a patent is sought on the			inventor(s)	of the subjec	ct matter	which is claim	ed and for
PHARMAEUTICAL TA			vo or N	MORE UN	JITARY	SEGMEN	JTS
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the specification of which		(Title of the I	Invention)				
is attached hereto							
OR							
			7				
was filed on (MM/DD/Y	YYY)		as Unite	ed States Ap	plication	Number or Po	CT International
Application Number PCT/US05/18631 and was amended on (MM/DD/YYYY) (if applicable).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as							the claims, as
amended by any amendment s	specifically refe	rred to above.					
I acknowledge the duty to dis	sclose informati	tion which is mater	rial to pate	ntability as	defined in	37 CFR 1.5	6, including for
continuation-in-part application and the national or PCT international o					i the illing	) date of the	prior application
I hereby claim foreign priority inventor's or plant breeder's ri	benefits unde	er 35 U.S.C. 119(a)	-(d) or (f),	or 365(b) or	any fore	ign application	on(s) for patent,
country other than the United \$	States of Amer	rica, listed below and	d have also	identified b	elow, by (	checking the I	box, any foreign
country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application	II WITIGHT PROFITS	Foreign Filing	Date	Priori	tv	Certified C	opy Attached?
Number(s)	Country	(MM/DD/YYY		Not Clai		YES	NO
PCT/US05/18631	PCT (USRO)	05/23/05		<u>_</u>	<u>]</u>		
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Additional foreign app	dication numbe	L ers are listed on a su	upplementa	ــــــا I priority data	a sheet P	TO/SB/02B at	ttached hereto.

[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## **DECLARATION** — Utility or Design Patent Application

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NAME OF SOLE OR FIRST IN	VENTOR:	A petiti	on has been fi	led for this unsigr	ned inventor		
Given Name (first and middle [if	f any])			y Name or Surna			
awrence			Solomo	on .			
Inventor's Signature					Date		
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City	State		Zip		Country		
oca Raton	Florida		33433	1	JSA		
Additional inventors or a legal rep	presentative are being named (	on the 1	cumlemental she	et(s) PTO/SB/02A or 0			

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DECLARATION		ADDITIONA Supplemental	L INVENTOR(S) Sheet	Page 1	of 1	
Name of Additional Joint Inventor, if an	y:	A petition	has been filed for this u	ınsigned inver	ntor	
Given Name (first and middle (if any)	Family Name or Surname					
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Inventor's Signature				Date		
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Mailing Address	<u> </u>		<del></del>	!		
Boca Raton City	Florida State		33433 Zip	USA Country		
Name of Additional Joint Inventor, if any		A petition	has been filed for this u		tor	
Given Name (first and middle (if any))	Family Name or Surname					
Inventor's Signature				Date		
Residence: City	State		Country	Citizenship		
Mailing Address						
City	State		Zíp		Country	
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))	Family Name or Surname					
Inventor's Signature	Date					
Residence: City	State		Country	Citiz	enship	
Mailing Address						
	<u>.</u>					
City	State	Zip Country				

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